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CONFIRMATION NO. 3946

<b>SERIAL NUMBER</b> 10/757,646	<b>FILING OR 371(c) DATE</b> 01/13/2004 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> S63.2B-11321-US01
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

None R.S.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None R.S.

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/20/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 50	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Ryan Sun</i> Examiner's Signature	<i>R.S.</i> Initials			

## ADDRESS

23552

## TITLE

Bifurcated stent delivery system

<b>FILING FEE RECEIVED</b> 1310	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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